An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 076

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**St Bernard's Children's Service**
Registered Capacity:	**Five Young People**
Type of Inspection:	**Announced Inspection**
Date of inspection:	**22nd & 30th March 2022**
Registration Status:	**Registered from 19th May 2021 to 19th May 2024**
Inspection Team:	**Sinead Tierney** **Joanne Cogley**
Date Report Issued:	**10th June 2022**

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.
The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.
During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in this premises on the 19th of May 2008. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from the 19th of May 2021 to 19th May 2024.

The centre was registered as a multi-occupancy service. It aimed to provide care to five young people of both genders aged seven to eleven years on admission for a period of two years. The centre was described as a therapeutic community with practices based primarily on psychodynamic and attachment theory. The primary task of the centre was to provide a consistent high-quality multidisciplinary therapeutic programme that included group living treatment, individual psychotherapy, national curriculum education and family support. The aim of this therapeutic provision was to enable the young people to reintegrate back into mainstream family setting, school and community life. There were four young people living in the centre at the time of the inspection. The centre had been granted a derogation to the registration status for two young people as their length of stay had exceeded the timeframe set out in the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about

how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, their families, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 4th of May 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 18th of May. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 076 without attached conditions from the 19th of May 2021 to the 19th of May 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection, four children were living in the centre. Inspectors met and spent time with three of them and also spoke with parents and previous carers. One other young person did not meet with inspectors. The children all spoke of being happy in the centre and identified key staff who they had significant relationships with. They showed inspectors their therapeutic aids that supported them in feeling safe and were observed playing with each other and making great use of the centre's amenities. One child took pride in talking about a recent significant event in their life and how the team had helped make it a special day for them.

All children had up to date care plans on file, with clear and consistent evidence that the voice of young people and their parents/ carers were central in the ongoing planning of their care. The key worker reports developed to inform monthly child in care reviews (CICR) were of high quality and provided a clear picture on key areas of the children's lives.

Each child had an up-to-date placement plan on file that was based on their care plan and set out age appropriate and tangible goals. The achievement of goals was supported by therapeutic resources, and inspectors reviewed excellent examples of the children engaging with these to help them explore their thoughts, feelings, and behaviours. The centre had been creative in involving the children in the development of a young person's plan using photos of themselves to express their own interests, likes and wishes. Other documents to support the placement plan were up to date, well thought out and written. These included individual crisis support plans, safety plans and absence management plans.

A structure was in place to ensure that placement plans were effectively reviewed. These reviews involved key workers, management and the deputy director of services and centred on reviewing the previous plan and developing an updated version. The role of keyworker was well promoted within the centre, and it was evident from

conversations with the children, parents and social workers how important key workers were in their development and daily life.

In terms of specialist support, evidence highlighted that the children had access to specialist supports to meet their needs. Three of the children engaged with the centre's play therapist and regular reports were on file from the play therapist that outlined how the sessions were contributing to their development.

Inspectors spoke with parents and previous carers for three of the children. In general, parents were very pleased with the progress their children were making and spoke of how committed and caring the staff team were. They all identified the person in charge and stated staff were respectful in their interactions with them. One parent expressed their frustration with both the centre and the social work department. These frustrations related to family access arrangements and the child's health and were discussed with the allocated social worker by inspectors.

All social workers were interviewed by inspectors. They spoke highly of the care provision and how the children displayed feeling safe and secure. One social worker in particular expressed the "*unbelievable progress*" a child had made. From interviews and a review of records, there was timely notification of significant events and communication was effective. One social worker felt an area for improvement was that key worker reports for CICR could be provided prior to the review so all participants had sufficient time to read the full progress report.

Overall, inspectors found that the centre was responsive and effective in meeting the children's needs, supported by a positive therapeutic environment. Care practices were well co-ordinated, and the centre was continually looking for ways to improve how it cares for and support the children.

Compliance with Regulation	
Regulation met	**Regulation 5**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 2.2**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None required

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre had a long-term experienced manager in post and the named person in charge with overall responsibility for delivery of the service was the director of services. Inspectors found the manager to be knowledgeable of the needs of each child and child-centred in their leadership style. Their oversight of practice was consistent throughout the records. Staff, senior management, and social workers interviewed expressed their confidence in the manager and described them as an effective leader. Similarly, the director of services demonstrated in-depth knowledge of each child and the practices and structures within the centre.

There was a service level agreement in place with the Child and Family Agency and meetings took place as required.

There was an internal management structure appropriate to the size and purpose of the centre. The manager was supported by a permanent deputy manager, an acting

deputy manager and three social care leaders with responsibility. The roles and responsibilities of the internal management team were clearly specified. The value of the deputy manager's experiences and knowledge was evident in the records reviewed. Whilst a delegation record that listed tasks was in place, the record must be updated to ensure that key decisions made in the managers absence are recorded.

Inspectors found that the management team had been proactive in strengthening the governance arrangements and structures in place since the last inspection. A review of management meetings and weekly monitoring meetings evidenced discussion and oversight of several areas including the care of young people, training, risk management, compliance, premises, child protection, health, and safety. The deputy director was present in the centre several times a week and also contributed to child in care review meetings and placement planning reviews.

The monitoring meetings chaired by the director of services were a cornerstone of the governance structures and the minutes of these meeting evidenced quality discussions on the oversight of care practices and operational procedures. Learning and analysis of significant events was clear from both the management and team reviews and also the monitoring meetings. Records evidenced that the team had been managing ongoing serious incidents of behaviours that challenge. Inspectors recommend that the practice of debriefing staff from a self-care and support perspective is monitored to ensure they are taking place alongside reviews of significant events from a safety and risk lens.

The centre's auditing framework comprised of three layers and included monthly self-assessments completed by the centre manager, bi-annual assessments by the directors and a yearly compliance audit and report completed by the manager and directors. The self-assessments completed by the manager examined data relating to team meetings, supervision, complaints, daily logs, community meetings and child protection audit completed quarterly. Senior management meeting minutes and the managers supervision records showed that these self-assessments were presented by the manager and discussed. A review of these self-assessments found the manager was focused on improving the quality of service provision, with clear action plans and follow up recorded each month.

The bi-annual audits completed by the deputy director and the director of services focused on team meetings, supervision, daily logs, and community meetings. Given that the manager was already engaged in self-assessing these areas, the inspectors

found that the bi-annual audits must have a stronger focus on care practices and governance and be aligned to the National Standards.

An annual compliance audit and report was completed in February 2021 and there was evidence that the actions resulting from this were monitored and completed throughout 2021. The centre was in the process of the 2022 annual compliance audit against the 8 themes of the National Standards and work had commenced on a number of themes. Inspectors were provided with differing accounts as to whom was responsible for analysing the data to determine compliance. Inspectors informed the registered provider that the annual compliance audit and report must be led by the directors, and whilst the manager can be involved, the assessment of evidence and the development of actions plan is the responsibility of the directors. The registered provider must adhere to this.

There was a suite of policies and procedures in place with evidence that these were reviewed regularly. Staff demonstrated good knowledge of relevant policies discussed during interview and spoke of being involved in policy development. While a number of policies were to a good standard and contained detailed procedures, others required strengthening to ensure protection of young people, adequate guidance for staff and aid overall accountability. These include the complaints policy, compliance and external monitoring policies and the policy regarding the inclusion of young people and families in decision making.

The centre had a fit for purpose risk management framework in place that consisted of a corporate and centre risk register and individual assessments of risk faced by young people. The impact/ likelihood matrix was utilised, and a review of risk ratings found that risks were appropriately rated with measurable strategies put in place. The registered provider must keep the risk of work-related violence under regular review as one staff member has not yet completed training in the centre's behaviour management system. Individual risk assessments for young people were to a good standard and the team had undertaken training on the identification, assessment, and management of risks with staff interviewed demonstrating this knowledge.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must update the delegation record to allow for key decisions made in their absence to be documented.
- The registered provider must review the policies and ensure that the procedures are robust and provide sufficient direction for staff practice.
- The director of services must ensure that the bi-annual audits examine care practices and governance and are aligned to the National Standards.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Regular workforce planning was evident and was underpinned by a range of relevant policies. Minutes from management meetings recorded discussions related to recruitment, staff development, exit interviews, supervision, staff leave and induction. A detailed employee handbook was in place as were arrangements to support staff retention including access to external support and educational funding.

The team consisted of the centre manager, two deputy managers, nine full time and five part time social care workers and seven relief staff. While the numbers of staff were above the minimum requirements of the Alternative Care Inspection and Monitoring Service (ACIMS), they were below the centre's own assessment on the

numbers of staff required to meet the nature of the young people's needs. The centre also required additional support with staff from other centres within the organisation at times to fulfil the roster requirements. The registered provider informed inspections that recruitment was ongoing.

Inspectors found the team were stable, and well-formed having worked together for several years. All staff were suitability qualified and a number of staff had undertaken a level 9 qualification in therapeutic childcare. The majority of staff had completed mandatory training however there were some deficits in relation to first aid, fire safety and manual handling.

From a review of the roster, inspectors highlighted to the registered provider the high numbers of staff rostered on a daily and weekly basis. For example, on one day, nine staff were rostered, 23 different staff over a one-week period with 14 different shift patterns in operation. Given the young age of the children, the registered provider is required to review the rostering patterns in place with to ensure the roster is suitable in meeting the needs of the children.

A sample of personnel files evidenced that there were some deficits in relation to key documents and processes. There was no written record or template for the verbal verification of references and the registered provider is required to ensure this is in place. Two staff qualifications were not verified by the awarding college. The registered provider must undertake an audit of all personnel files and ensure key documents are on file.

A review of supervision records found that supervision was generally in line with the centre's policy. Regular audits of supervision records were undertaken by internal and external management. Inspectors recommend that the audits focus on the quality of supervision sessions and recording as well as the numerical data collection.

A serious incident management policy was in place that outlined a number of incidents that must be notified to the directors. These included serious injury, allegations of harm, COVID-19 and missing from care. This procedure and any calls to management outside of their working hours was monitored at weekly meetings. Aside of this system there was no formalised on-call arrangements in place for evenings and weekends should staff need guidance or support on decision making. A review of the current arrangements found that a number of protective factors were in place that minimised the current need for formalised arrangements. However, these

factors may not always be present and as such it is recommended that the registered provider keep the system under review and implement changes if required.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 6.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The registered provider is required to review the rostering patterns in place to ensure the roster is suitable in meeting the needs of the children.
- The registered provider must ensure that a written record or standard template is in place for the verbal verification of employee references.
- The registered provider must undertake an audit of all personnel files and ensure key documents are on file.
- The centre manager must ensure that all mandatory training takes place as soon as possible and records of this training is maintained.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The centre manager must update the delegation record to allow for key decisions made in their absence to be documented.	The centre manager's (SCM and deputy manager's) have adopted a new formal system of delegation of tasks. Delegated tasks will be recorded, and follow-up will be minuted.	This system is adopted as a standing agenda item in the centre manager's meetings which are held monthly.
	The registered provider must review the policies and ensure that the procedures are robust and provide sufficient direction for staff practice.	The specific policies mentioned by the Inspectorate will be reviewed by the director, deputy director and centre managers and updated by the end of June.	All centre policies will be reviewed in accordance with the two-year review timeline. The next scheduled review deadline is by the end of December 2022.
	The director of services must ensure that the bi-annual audits examine care practices and governance and are aligned to the National Standards.	The director of services will ensure the bi-annual audits will have a stronger focus on care practices and governance and be aligned to the National Standards.	The director/deputy director are currently reviewing the audit systems in place and will make recommendations, such as a new audit template which will be adopted for use from July 2022.

6	The registered provider is required to review the rostering patterns in place to ensure the roster is suitable in meeting the needs of the children.	This recommendation is taken on board and a review the rostering patterns will be completed in consultation with the staff members, to ensure the roster is suitable in meeting the needs of the children.	The roster review and consultation period will be completed 30th September 2022.
	The registered provider must ensure that a written record or standard template is in place for the verbal verification of employee references.	A new template will be adopted with immediate effect as standard practice to ensure the current procedures in respect of verbal verification completed are clearly documented and evidenced.	The new template will be adopted and implemented. Personnel files will be included in the audit procedures. New recruits' personnel files will be audited under this procedure.
	The registered provider must undertake an audit of all personnel files and ensure key documents are on file.	An audit of all personnel files will be undertaken by the director and deputy director.	The audit will be completed by the end of June 2022.
	The centre manager must ensure that all mandatory training takes place as soon as possible and records of this training is maintained.	The centre manager maintains a record of all training completed for staff. Since the inspection, fire training has been completed with the majority of staff and the remainder scheduled. First aid is scheduled, and manual handling is currently being sourced.	We are confident our training schedules will return to normal with covid restrictions are being lifted. The director will continue to liaise with the providers of HSEland.ie service to ensure voluntary agency members have access to streamline training opportunities, in line with TUSLA services.